

sound. The blunt end has cross-furrows for fastening thereto the drain. Guided by the fingers in the cavity the sound is made to bore through the soft parts at the outer border of the quadratus lumborum, so that only the skin over the point of the sound has to be cut. The front wound is closed down to the drain, and after sufficient sublimate irrigation an antiseptic dressing is applied. The flow of serum necessitates re-dressing the following day, but this quickly diminishes so that it need not be changed for several days. The drains may soon be removed. With a little practice the operation is completed in a few minutes. By keeping close to the crista not a vessel has to be ligated. No unpleasant accidents have occurred—it is only the opening of a deep abscess. Bako of Budapest operated one case on this plan some three years since, and with successful results.

Dollinger adds a recent case of acute infectious psoriasis operated happily in the same manner, thus avoiding the proposed trephining of ilium in such cases.—*Centbl. f. Chirg.*, No. 30. 1889.

WILLIAM BROWNING (Brooklyn).

III. Compensatory Hypertrophy of Remaining Epiphyseal Cartilage of a Long Bone after Removal of its Fellow. By L. OLLIER (Lyons.) The longitudinal growth of the long bones, depends, according to Ollier's researches, exclusively upon the epiphyseal cartilages, and ceases entirely if the latter are removed in toto. If that upon only one end is removed, the bone, as compared with the healthy bone, is retarded in its growth. After a total resection of the elbow Ollier observed in one case that the bones upon the side operated upon not only did not become shorter, but even somewhat longer than the bone upon the opposite side. In explanation of this extraordinary occurrence, the author supposes that after the removal of one of the cartilages the remaining one developed an increased activity of growth, (compensatory hyperplasia of the epiphyseal cartilages). This may result in an undue growth, and result in producing a relative lengthening of the limb.

Ollier selected a young animal and into the middle humerus he drove several nails; upon one side a total ultra-epiphyseal resection of the

elbow was performed. In from two to four months the parts were examined. The nail placed in bone of the operated side was invariably found at a point more distant from the upper end of the bone than that upon the opposite side. According to Ollier this fact can only be interpreted upon the supposition that the cartilages remaining at the upper end of the humerus developed a compensatory over-productiveness as compared to that of the other side. In this manner the tendency to progressive relative shortening following resection may be somewhat restricted. This compensatory hyperplasia may vary considerably in single bones, and in different individuals.—*France Médicale*, June 1, 1889.

G. R. FOWLER (Brooklyn.)

III. The Treatment of Tuberculous Diseases of Bones and Joints by Means of Parenchymatous Injections of Iodoform Oil. By DR. WENDELSTADT (Bonn). At the suggestion of Dr. Heusner, in Barmen, who for the past four years has successfully treated a number of tuberculous joints with injections of iodoform oil, Professor Tredelenburg has employed this method in a number of cases in his clinic, and had very gratifying results.

Injections of iodoform in ether, glycerine, or olive oil, have long been practiced by Mikulicz, Billroth, Verneuil and Bruns in cases of tuberculous abscesses, and in view of the clinical results obtained by them and many other surgeons, iodoform must be regarded as a prominent factor against the tubercle bacilli. That the presence of iodoform prevents the growth of giant cells in granulations has been proven by Marchand, and the fact that the abscess membrane of tubercular cavities injected with iodoform contains no bacilli has been demonstrated by Bruns and Nauwerk.

In the clinic at Bonn injections of iodoform ether 5% were at first employed, but although no toxic effects were produced on account of the small quantity of the drug used, severe pain was caused, and in three cases sloughing of the skin resulted. The ether was then replaced by olive oil, the proportions being 5:25, this latter was found to be free from disagreeable effects.